

Case Number:	CM15-0113367		
Date Assigned:	06/19/2015	Date of Injury:	01/25/2011
Decision Date:	07/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old female, who sustained an industrial injury on January 25, 2011 while working as a psychiatric tech assistant. The injury occurred while lifting a patient. The injured worker has been treated for left shoulder, left wrist and left elbow complaints. The diagnoses have included spasm of muscle, dysesthesia, elbow joint pain, pain radiating to right shoulder, neck pain, carpal tunnel syndrome, cubital tunnel syndrome, chronic pain syndrome, cervical radiculopathy and shoulder sprain/strain. Treatment to date has included medications, radiological studies, electrodiagnostic studies, MRI, Cortisone injections, physical therapy, heat/ice treatments, home exercise program, left cubital tunnel release, left carpal tunnel release and left shoulder surgery. Current documentation dated May 18, 2015 notes that the injured worker reported constant left trapezius muscle pain. The injured worker also noted intermittent numbness along the arm from the shoulder down to the wrist. Physical examination revealed tenderness to palpation of the left trapezius area with tightness. Range of motion was normal. A drop-arm test was negative. A Spurling sign to the right reproduced posterior shoulder and left trapezius muscle pain. The ulnar nerve was point tender. An elbow flexion test worsened the scapular and upper extremity pain. A Tinel's sign was painful to the small and ring fingers. The treating physician's plan of care included a request for Zohydro ER 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zohydro ER 20mg Qty: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zohydro ER (Hydrocodone).

Decision rationale: Regarding the request for Zohydro ER (hydrocodone), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Additionally, ODG states that Zohydro ER is not recommended. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Zohydro ER (hydrocodone) is not medically necessary.